

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>8996</u>	2 Fiscal Year Covered From <u>7 / 1 / 2004</u> Through <u>6 / 30 / 2005</u>
3 Name and address of person filing. Name <u>PAUL W SIRIANNI</u> P O Box, Bldg, Room No, if any _____ Street <u>154 Humboldt ST,</u> City <u>ROCHESTER</u> State <u>NEW YORK</u> ZIP Code + 4 <u>14610</u>	4 Name, file number, and address of labor organization Name <u>IRON WORKERS LOCAL 33</u> Labor Organization File Number <u>033-786</u> P O Box, Building and Room Number, if any _____ Street <u>154 Humboldt ST,</u> City <u>ROCHESTER</u> State <u>NEW YORK</u> ZIP Code + 4 <u>14610</u>
5 Position in labor organization <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

16. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Paul Sirianini

On

8-12-05

Date

585 288-2630

Telephone Number

Name of Person Filing PAUL W. SIRIANNI	File Number U-
---	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name IMPACT Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street 1750 NEW YORK AVE, - NW - Lobby City WASHINGTON State DISTRICT of Columbia ZIP Code + 4 20006	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing Received contributions from Employers who have Collective Bargaining Contracts with Local Unions 4, 519541 IMPACT LEASES office space + Employees from Ironworkers 1,057,284 11 b Approximate dollar value of such dealing. 5,576,825 12 a Nature of interest held or income received 6/2/04 ATLANTIC CITY REGIONAL Advisory BOARD. Food + BEVERAGE 12 b Amount \$99

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment _____ _____ _____
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment _____